

256-1371

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56-2336

Executive Registry
8-4277

JUL 2 1956

MEMORANDUM FOR: Deputy Director of Central Intelligence**SUBJECT: Revised Personal History Statement and Annual Supplement**

1. This memorandum submits a recommendation for approval of the Deputy Director of Central Intelligence. Such recommendation is contained in paragraph 7.
2. Tab A (attached) is a proposed revision of the Personal History Statement to be completed by all candidates for employment with the Agency. Applicants also submit with the Personal History Statement an Appendix I which contains the Attorney General's list and which has recently been revised to include association with those organizations of the applicant's relatives as well as any affiliation of his own. The revised Personal History Statement accomplishes the consolidation of the present form (Tab A-1) and the present Qualifications Questionnaire (Tab A-2) and provides a more comprehensive and meaningful coverage of qualification factors such as education, language, and area knowledge. Provision has also been made for special handling within the Office of Personnel of details of an unfavorable nature so that such information is made known only to those who "need to know" in arriving at a decision concerning employment; it will be turned over to the Office of Security if the applicant is selected for processing. In addition to serving the present purposes of the Personal History Statement as a basic document for employment consideration and security investigation, the revised forms will be used as the basic document for coding qualifications and personal data for various screening and statistical purposes.
3. Tab B (attached) constitutes an abbreviated Personal History Statement for periodic resurvey of on duty personnel on those items of personal status and background which are subject to change, such as marital and dependency status, relatives residing abroad, financial status, and education. The supplement provides a mechanism for immediate reporting of important changes, however, the primary control for obtaining changes in such information would be the mandatory completion of all or pertinent parts of this form each year by each employee on the anniversary of his entrance on duty with the organization.

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SUBJECT: Revised Personal History Statement and Annual Supplement

4. Your particular attention is invited to those Sections of the Supplement concerning relatives residing abroad and foreign relatives and financial status. These are areas in which you have expressed interest in accomplishing a current survey of on duty personnel. Adoption of this form with the required annual reporting will allow the conduct of such a survey over the next twelve months in a routine, scheduled manner which will not create any special workload increase to process the data or undue concern on the part of employees as to special interest in these particular subjects. For this reason, the form prepared for initial use requires that each employee fill out these sections whether or not the same information has been furnished previously. In succeeding years only the name, address, and emergency addresses information will be required except when changes have occurred since the last reporting of information in the other areas covered by the Supplement. A short form will be issued for those individuals with no changes to report.

5. You will notice that the annual supplement provides for a description of Agency assignments by the employee. To a certain extent, this item duplicates information already maintained mechanically as to position title and occupational series. However, we are able to do a more refined job of qualification coding from the employee's description of his duties and consider the item worthwhile in spite of the additional work involved for the individual completing the form.

6. We have considered incorporating into the Personal History Statement questions designed to elicit information concerning the wives of male applicants which would be helpful in considering them for overseas assignment. There are alternative means of meeting this objective, such as amendment of the Fitness Report (Part II, Potential) or interviews. Since our proposal in this regard has not reached a stage at which we are prepared to make formal recommendations, however, we believe the current revision of the Personal History Statement should proceed.

7. It is recommended that you approve the adoption of the proposed forms and the requirement that each employee submit a Supplement form annually.

15/
L. E. WHITE
Deputy Director
(Support)

Attachments

SUBJECT: Revised Personal History Statement and Annual Supplement

ORIGINATOR:

Signed
Director of Personnel

Date

CONCURRENCE:

13/ Edwards
Director of Security

20 June 56
Date

S/
General Counsel

Date

Recommendation in paragraph 7 is approved.

SIGNED
C. P. CASELL
Lieutenant General, USAF
Deputy Director

16 JUL 1956
Date

Distribution:

- O&I - D/Pers
- 2 - ER
- 2 - DD/S
- 1 - D/Sec
- 1 - Gen Coun
- 1 - OP Subj. File
(stayback)

A

DO NOT USE THIS SPACE ISSUED BY _____	PERSONAL HISTORY STATEMENT	THIS DATE _____
INSTRUCTIONS <i>or check appropriate block.</i>		
1. Answer all questions completely. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank pages at end of form for extra details on any question for which you have insufficient space.		
2. Type, print or write carefully, illegible or incomplete forms will not receive consideration.		
3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
I HAVE READ AND <input type="checkbox"/> DO <input type="checkbox"/> DO NOT UNDERSTAND THE INSTRUCTIONS.		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle)		2. AGE
		3. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES
		7. COLOR OF HAIR
		8. TYPE COMPLEXION
		9. TYPE BUILD
10. SCARS (Type and Location)		
11. OTHER DISTINGUISHING PHYSICAL FEATURES		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)		13. HOME ^{PERMANENT} ADDRESS (No., Street, City, Zone, State and Country)
14. HOME TELEPHONE NO.	15. OFFICE TELEPHONE NO. & EXT.	16. LEGAL RESIDENCE (State, Territory or Country)
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). \$ _____		
3. INDICATE YOUR WILLINGNESS TO TRAVEL		
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input type="checkbox"/> CONSTANTLY
<input type="checkbox"/> OTHER: _____		
4. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN		
<input type="checkbox"/> WASHINGTON, D.C.	<input type="checkbox"/> ANYWHERE IN U.S.	<input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify):
<input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
5. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.		
6. INDICATE YOUR REASONS FOR MAKING APPLICATION FOR EMPLOYMENT WITH THIS AGENCY.		
(delete item)		

SECTION III		CITIZENSHIP			
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)		3. PRESENT CITIZENSHIP (Country)	
4. CITIZENSHIP ACQUIRED BY				5. NATURALIZATION CERTIFICATE NO.	
<div style="display: flex; justify-content: space-between;"> BIRTH MARRIAGE OTHER (Specify): </div>					
6. COURT ISSUING NATURALIZATION CERTIFICATE			7. ISSUED AT (City, State, Country)		
8. HAVE YOU HELD PREVIOUS NATIONALITY			9. IF YES, GIVE NAME OF COUNTRY		
<div style="display: flex; justify-content: space-between;"> YES NO </div>					
10. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.					
11. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP			12. GIVE PARTICULARS		
<div style="display: flex; justify-content: space-between;"> YES NO </div>					
13. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?					
14. DATE OF ARRIVAL IN U.S.		15. PORT OF ENTRY		16. ON PASSPORT OF WHAT COUNTRY	
17. LAST U.S. VISA (No., Type, Place of Issue)				18. DATE VISA ISSUED	

SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE		OVER TWO YEARS OF COLLEGE - NO DEGREE					
HIGH SCHOOL GRADUATE		BACHELORS DEGREE					
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		GRADUATE STUDY LEADING TO HIGHER DEGREE					
TWO YEARS COLLEGE OR LESS		MASTERS DEGREE		DOCTORS DEGREE			
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country) No. STREET,					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		YES		NO			
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country) No. STREET,					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		YES		NO			
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country) No. STREET,					
3. DATES ATTENDED (From-and-To)		4. GRADUATE					
		YES		NO			
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			

SECTION IV CONTINUED TO PAGE 3

NAME OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	TOT.MOS.

6. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	TOT.MOS.

7. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

SECTION V

FOREIGN LANGUAGE ABILITIES

LANGUAGE <i>(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)</i>	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIV- ALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOW- LEDGE			NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT <i>(with parents, etc.)</i>	ACADEMIC STUDY <i>(all levels)</i>
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

☐ YES

☐ NO

SECTION VI							GEOGRAPHIC AREA KNOWLEDGE			
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY, OR WORK ASSIGNMENT. UNDER COLUMN "SPECIALIZED KNOWLEDGE", INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.										
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY							
			RESI- DENCE	TRAVEL	STUDY	WORK ASSIGN- MENT				
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.										
3. UNITED STATES PASSPORT NUMBER, IF ISSUED.										
SECTION VII							TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM								
		GREGG	SPEEDWRITING	STENOTYPE	OTHER (Specify):					
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).										
SECTION VIII							SPECIAL QUALIFICATIONS			
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.										
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.										
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.										

SECTION VIII CONTINUED TO PAGE 5

SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☐ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

SECTION IX

EMPLOYMENT HISTORY

NOTE: Indicate chronological history of employment for past 15 years (List last position first.) Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing items 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From-and-To) ^A By MONTH + YEAR		2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (No., Street, City, State, Country)			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
		\$	PER
9. DESCRIPTION OF DUTIES			
10. REASONS FOR LEAVING			

SECTION IX CONTINUED TO PAGE 6

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SECTION IX CONTINUED FROM PAGE 5

2	1. INCLUSIVE DATES (From-and-To) ^A BY MONTH + YEAR		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
3	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (If Federal Service)
	9. DESCRIPTION OF DUTIES			
4	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From-and-To) ^A BY MONTH + YEAR		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
5	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (If Federal Service)
	9. DESCRIPTION OF DUTIES			
6	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From-and-To) ^A BY MONTH + YEAR		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
7	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$ PER	8. CLASS. GRADE (If Federal Service)
	9. DESCRIPTION OF DUTIES			
8	10. REASONS FOR LEAVING			

SECTION IX CONTINUED TO PAGE 7

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SECTION IX CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From-and-To) BY MONTH + YEAR [^]		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
6	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From-and-To) BY MONTH + YEAR [^]		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
7	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From-and-To) BY MONTH + YEAR [^]		2. NAME OF EMPLOYING FIRM OR AGENCY	
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
	6. TITLE OF JOB		7. SALARY OR EARNINGS \$	8. CLASS. GRADE (If Federal Service) PER
8	9. DESCRIPTION OF DUTIES			
	10. REASONS FOR LEAVING			
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS				

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SECTION X

MILITARY SERVICE

1. CURRENT DRAFT STATUS

1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (as amended)?

☐ YES ☐ NO

2. SELECTIVE SERVICE CLASSIFICATION

3. SELECTIVE SERVICE NO.

4. IF DEFERRED, GIVE REASON

5. LOCAL DRAFT BOARD NUMBER OR DESIGNATION

6. ADDRESS OF LOCAL DRAFT BOARD

2. PAST MILITARY SERVICE RECORD

1. CHECK (X) ORGANIZATIONS LISTED IN WHICH YOU HAVE SERVED

ARMY	MARINE CORPS	COAST GUARD	NAT'L GUARD	FOREIGN MILITARY (Specify):
NAVY	AIR FORCE	MERCHANT MARINE	AIR NAT'L GUARD	

2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)

3. DATE OF SEPARATION FROM ACTIVE DUTY *Extended*4. TOTAL LENGTH OF ACTIVE DUTY IN U.S. ARMED FORCES *Extended*5. DATE OF ENTRY ON ACTIVE DUTY *Extended*

6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION

7. RANK, GRADE OR RATE AT TIME OF SEPARATION

8. SERVICE, SERIAL OR FILE NUMBER

9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

11. BRIEF DESCRIPTION OF MILITARY DUTIES

12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY

HONORABLE DISCHARGE	RETIREMENT FOR SERVICE	UNDUE HARDSHIPS OTHER:
RELEASE TO INACTIVE DUTY	RETIREMENT FOR COMBAT DISABILITY	
RETIREMENT FOR AGE	RETIREMENT FOR PHYSICAL DISABILITY	

13. CHECK (X) COMPONENT IN WHICH YOU SERVED

REGULAR	RESERVE (including the National and Air National Guard)	OTHER (including AUS)
---------	---	-----------------------

3. MILITARY RESERVE AND NATIONAL GUARD STATUS

1. DO YOU HAVE RESERVE STATUS? *Now*2. ARE YOU A MEMBER OF THE NAT'L GRD OR AIR NAT'L GRD? *Now*☐ YES☐ NO☐ YES☐ NO

3. IF YOU HAVE ANSWERED "YES" ABOVE, CHECK (X) RESERVE COMPONENT MEMBERSHIP

ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD
NAVY	AIR FORCE	AIR NAT'L GUARD	

4. CURRENT RANK, GRADE OR RATE

5. DATE OF APPOINTMENT IN CURRENT RANK

6. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION

7. CHECK (X) CURRENT RESERVE CATEGORY

READY RESERVE	STANDBY (Active)	STANDBY (Inactive)	RETIRED
---------------	------------------	--------------------	---------

8. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

9. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (MOS or designator) AND TITLE

10. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES

11. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT?

☐ YES ☐ NO

12. IF YOU HAVE ANSWERED "YES" TO ITEM 11, GIVE UNIT OR AGENCY AND ADDRESS

13. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?

☐ YES ☐ NO

14. IF YOU HAVE ANSWERED "YES" TO ITEM 13, GIVE UNIT OR AGENCY AND ADDRESS

15. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND

YEARS

MONTHS

16. WHERE ARE YOUR SERVICE RECORDS KEPT?

SECTION XI

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1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☐ YES ☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

Banking Institutions

3. BANKS WITH WHICH YOU HAVE ACCOUNTS

NAME OF BANK Institution

ADDRESS (City, State, Country)

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? ☐ YES ☐ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME

ADDRESS (No., Street, City, State, Country)

7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT

8. Do you have any financial interest in, or official connection with, non-U.S. corporations or businesses or in or with U.S. corporations or businesses having substantial foreign interests? (If answer is yes, furnish details on a separate sheet.) () Yes () No

SECTION XII

MARITAL STATUS

1. CHECK ONE: ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE OR HUSBAND: If you have been married more than once - including annulments - use a separate sheet for former wife or husband, giving data required below for all previous marriages. IF MARRIAGE IS CONTEMPLATED, FILL IN APPROPRIATE INFORMATION

3. NAME (First) (Middle) (Maiden) (Last)

4. DATE OF MARRIAGE 5. PLACE OF MARRIAGE (City, State, Country)

6. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING

8. DATE OF DEATH

9. CAUSE OF DEATH

☐ YES ☐ NO

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

SECTION XII CONTINUED TO PAGE 9

SECTION XII CONTINUED FROM PAGE 8

13. IF BORN OUTSIDE U.S. - DATE OF ENTRY		14. PLACE OF ENTRY	
15. CITIZENSHIP		16. DATE ACQUIRED	17. WHERE ACQUIRED (City, State, Country)
18. OCCUPATION		19. PRESENT EMPLOYER (Give last ^{ALSO FORMER OR} employer, if spouse is deceased or unemployed), GIVE LAST TWO	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)			
21. DATES OF MILITARY SERVICE (From-and-To)			
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED	
24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			

SECTION XIII CHILDREN AND OTHER DEPENDENTS

1. NUMBER OF CHILDREN (Including Stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF SUPPORTING.		2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING.				
3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS INDICATED ABOVE.						
NAME	RELATIONSHIP	YEAR OF BIRTH	SEX		CITIZENSHIP	ADDRESS
			M	F		

SECTION XIV FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH		4. CAUSE OF DEATH	
		YES	NO				
5. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country)							
6. DATE OF BIRTH		7. PLACE OF BIRTH (City, State, Country)					
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY				9. PLACE OF ENTRY			
10. CITIZENSHIP (Country)		11. DATE ACQUIRED		12. WHERE ACQUIRED (City, State, Country)			
13. OCCUPATION		14. EMPLOYER (Give last employer, if Father is deceased or unemployed)					
15. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED.							
16. DATES OF MILITARY SERVICE (From-and-To)				17. BRANCH OF SERVICE		18. COUNTRY	
19. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN							

SECTION XV

1. FULL NAME (Last-First-Middle)		2. LIVING YES <input type="checkbox"/> NO <input type="checkbox"/>		3. DATE OF DEATH	4. CAUSE OF DEATH
5. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)					
6. DATE OF BIRTH		7. PLACE OF BIRTH (City, State, Country)			
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY		9. PLACE OF ENTRY			
10. CITIZENSHIP (Country)		11. DATE ACQUIRED		12. WHERE ACQUIRED (City, State, Country)	
13. OCCUPATION		14. EMPLOYER (Give last employer, if Mother is deceased or unemployed)			
15. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED					
16. DATES OF MILITARY SERVICE (From-and-To)		17. BRANCH OF SERVICE		18. COUNTRY	
19. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN					

SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)

1	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
2	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
3	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
4	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
5	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
6	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
7	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
8	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)
9	1. FULL NAME (Last-First-Middle)			2. AGE
	3. CURRENT ADDRESS (No., Street, City, State, Country)			4. CITIZENSHIP (Country)

SECTION XVII				FATHER-IN-LAW	
1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH	4. CAUSE OF DEATH
		YES	NO		
5. CURRENT, OR LAST, ADDRESS (No., Street, City, State, Country)					
6. DATE OF BIRTH		7. PLACE OF BIRTH (City, State, Country)			
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY			9. PLACE OF ENTRY		
10. CITIZENSHIP (Country)		11. DATE ACQUIRED		12. WHERE ACQUIRED (City, State, Country)	
13. OCCUPATION		14. EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)			

SECTION XVIII				MOTHER-IN-LAW	
1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH	4. CAUSE OF DEATH
		YES	NO		
5. CURRENT, OR LAST, ADDRESS (No., Street, City, State, Country)					
6. DATE OF BIRTH		7. PLACE OF BIRTH (City, State, Country)			
8. IF BORN OUTSIDE U.S. - DATE OF ENTRY			9. PLACE OF ENTRY		
10. CITIZENSHIP (Country)		11. DATE ACQUIRED		12. WHERE ACQUIRED (City, State, Country)	
13. OCCUPATION		14. EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)			

SECTION XIX				RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, LIVING ABROAD OR WHO ARE NOT UNITED STATES CITIZENS		
1	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES					
	5. CITIZENSHIP (Country)		6. FREQUENCY OF CONTACT		7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP	3. AGE	
2	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES					
	5. CITIZENSHIP (Country)		6. FREQUENCY OF CONTACT		7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES					
3	5. CITIZENSHIP (Country)		6. FREQUENCY OF CONTACT		7. DATE OF LAST CONTACT	
	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES					
	5. CITIZENSHIP (Country)		6. FREQUENCY OF CONTACT		7. DATE OF LAST CONTACT	
4	1. FULL NAME (Last-First-Middle)			2. RELATIONSHIP	3. AGE	
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES					
	5. CITIZENSHIP (Country)		6. FREQUENCY OF CONTACT		7. DATE OF LAST CONTACT	
	5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES					

SECTION XX

RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE
OF THE UNITED STATES OR OF A FOREIGN GOVERNMENT

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. CITIZENSHIP (Country)
6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT	8. TYPE AND LOCATION OF SERVICE (If known)
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. CITIZENSHIP (Country)
6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT	8. TYPE AND LOCATION OF SERVICE (If known)
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. CITIZENSHIP (Country)
6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT	8. TYPE AND LOCATION OF SERVICE (If known)
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		5. CITIZENSHIP (Country)
6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT	8. TYPE AND LOCATION OF SERVICE (If known)

5 SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, IN THE U.S., WHO KNOW YOU INTIMATELY, NOT RELATIVES

NAME (Last-First-Middle)	BUSINESS ADDRESS NO, STREET, CITY, ZONE, STATE.	RESIDENCE ADDRESS	YEARS KNOWN
(MORE SPACE FOR ADDRESSES)			

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS	RESIDENCE ADDRESS	YEARS KNOWN
(SAME CHANGES AS ABOVE)			

SECTION XXI, CONTINUED TO PAGE 14

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

SECTION XXII CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

[illegible]

RESIDENCES FOR THE PAST 15 YEARS

[illegible]

SECTION XXIV

ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL, OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE, OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES ?

☐ YES ☐ NO

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS ?

☐ YES ☐ NO

4. IF SO, TO WHAT EXTENT ?

5. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES ? ☐ YES ☐ NO. IF YOUR ANSWER IS "YES", GIVE COMPLETE DETAILS.

6. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940.

7. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION.

SPECIAL INSTRUCTION - IF YOUR ANSWER IS "YES" TO THE FOLLOWING QUESTIONS 8, 9 OR 10, PROVIDE THE INFORMATION REQUESTED FOR EACH QUESTION ON A SEPARATE, SIGNED SHEET AND ATTACH THE SHEET TO THIS FORM IN A SEALED ENVELOPE.

8. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION ? ☐ YES ☐ NO. IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.

9. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATIONS ? ☐ YES ☐ NO. IF SO, GIVE COMPLETE DETAILS IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.

10. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION ? ☐ YES ☐ NO. IF SO, DESCRIBE ON A SEPARATE SHEET IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.

SECTION XXV

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (FIRST-MIDDLE-LAST)

2. RELATIONSHIP

3. HOME ADDRESS (NUMBER, STREET, CITY, ZONE, STATE, COUNTRY)

4. BUSINESS ADDRESS (NUMBER, STREET, CITY, ZONE, STATE, COUNTRY) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

5. HOME TELEPHONE NUMBER

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (SPOUSE, MOTHER, FATHER) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MADE HEREIN MAY BE PUNISHABLE BY LAW (U.S. CODE, TITLE 18, SECTION 1001).

1. SIGNED AT (CITY AND STATE)

2. DATE OF SIGNATURES

3. SIGNATURE OF WITNESS

4. SIGNATURE OF APPLICANT

NOTE: Use this page for extra details. Reference each continued item by section and item number to which it relates, sign your name, at the end of the added material. If additional space is required use extra pages the same size as this and sign each such page.

AI

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME _____ Telephone: _____
Miss _____ Office _____
Mr. _____ (First) _____ (Middle) _____ (Last) _____ Ext. _____
(Use No Initials) Mrs. _____ Home _____

PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS _____
(St. and Number) (City) (State) (Country)

B. NICKNAME _____ WHAT OTHER NAMES HAVE YOU USED? _____

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

(Where?)

(By what authority)

C. DATE OF BIRTH _____ PLACE OF BIRTH _____
(City) (State) (Country)

D. PRESENT CITIZENSHIP _____ BY BIRTH? _____ BY MARRIAGE? _____
(Country)

BY NATURALIZATION CERTIFICATE NO. _____ ISSUED _____ BY _____
(Date) (Court)

AT _____
(City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? _____
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
(Country)

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY?

PORT OF ENTRY? ON PASSPORT OF WHAT COUNTRY?

LAST U. S. VISA
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE SEX HEIGHT WEIGHT

EYES HAIR COMPLEXION SCARS

BUILD OTHER DISTINGUISHING FEATURES

SEC. 3. MARITAL STATUS

A. SINGLE MARRIED DIVORCED WIDOWED

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE

HIS (OR HER) ADDRESS BEFORE MARRIAGE
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
(St. and Number) (City) (State) (Country)

DATE OF BIRTH PLACE OF BIRTH
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

CITIZENSHIP WHEN ACQUIRED? WHERE?
(City) (State) (Country)

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE
(Date) (Date)

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents) :

1. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
 (St. and Number) (City) (State) (Country)

2. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
 (St. and Number) (City) (State) (Country)

3. NAME _____ RELATIONSHIP _____ AGE _____
 CITIZENSHIP _____ ADDRESS _____
 (St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME _____
 (First) (Middle) (Last)

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH _____ PLACE OF BIRTH _____
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
 (City) (State) (Country)

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 (Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME _____
 (First) (Middle) (Last)

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY _____

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR OWN BUSINESS ADDRESS
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters) :

1. FULL NAME AGE
 (First) (Middle) (Last)

PRESENT ADDRESS
 (St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME AGE
 (First) (Middle) (Last)

PRESENT ADDRESS
 (St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME AGE
 (First) (Middle) (Last)

PRESENT ADDRESS
 (St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME AGE
 (First) (Middle) (Last)

PRESENT ADDRESS
 (St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME AGE
 (First) (Middle) (Last)

PRESENT ADDRESS
 (St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME
 (First) (Middle) (Last)

LIVING OR DECEASED DATE OF DECEASE CAUSE

PRESENT, OR LAST, ADDRESS
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH PLACE OF BIRTH

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY

CITIZENSHIP WHEN ACQUIRED? WHERE?
 (City) (State) (Country)

OCCUPATION LAST EMPLOYER

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY
FREQUENTLY, CONSTANTLY

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C.
ANYWHERE IN THE UNITED STATES, OUTSIDE THE UNITED STATES

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

SEC. 13. EDUCATION

ELEMENTARY SCHOOL ADDRESS
(City) (State) (Country)

DATES ATTENDED GRADUATE?

HIGH SCHOOL ADDRESS
(City) (State) (Country)

DATES ATTENDED GRADUATE?

COLLEGE ADDRESS
(City) (State) (Country)

MAJOR AND SPECIALTY YEARS COMPLETED

DATES ATTENDED DEGREE

COLLEGE ADDRESS
(City) (State) (Country)

MAJOR AND SPECIALTY YEARS COMPLETED

DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS

CHIEF GRADUATE COLLEGE SUBJECTS

SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

(Country)	(Service)	(Rank)	(Dates of Service)
(Last Station)	(Serial Number)	(Type of Discharge)	
REMARKS:			
SELECTIVE SERVICE BOARD NUMBER		ADDRESS	
IF DEFERRED GIVE REASON			
INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS			

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM _____ TO _____ CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

FROM _____ TO _____ CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

FROM _____ TO _____ CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

FROM _____ TO _____ CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

FROM _____ TO _____ CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY _____

ADDRESS _____
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE SPEAK READ WRITE

LANGUAGE SPEAK READ WRITE

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING SHORTHAND

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE _____

FIRST LIC. OR CERTIFICATE (YR) _____ LATEST LIC. OR CERTIFICATE (YR) _____

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	<i>Street and Number</i>	<i>City</i>	<i>State</i>
1. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
2. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
3. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
4. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
5. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	<i>Street and Number</i>	<i>City</i>	<i>State</i>
1. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
2. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
3. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
4. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
5. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	<i>Street and Number</i>	<i>City</i>	<i>State</i>
1. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
2. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____
3. _____	BUS. ADD. _____ RES. ADD. _____	_____	_____

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? IF NOT, STATE SOURCES OF OTHER INCOME
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

GIVE PARTICULARS, INCLUDING COURT:

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME	ADDRESS	(St. and Number)	(City)	(State)
2. NAME	ADDRESS	(St. and Number)	(City)	(State)
3. NAME	ADDRESS	(St. and Number)	(City)	(State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM	TO Present	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and number)	(City)	(State)	(Country)
FROM	TO	(St. and Number)	(City)	(State)	(Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM	TO	(City or section)	(Country)	(Purpose)
FROM	TO	(City or section)	(Country)	(Purpose)
FROM	TO	(City or section)	(Country)	(Purpose)
FROM	TO	(City or section)	(Country)	(Purpose)
FROM	TO	(City or section)	(Country)	(Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1.	(Name and Chapter)	(St. and Number)	(City)	(State)	(Country)
DATES OF MEMBERSHIP:					
2.	(Name and Chapter)	(St. and Number)	(City)	(State)	(Country)
DATES OF MEMBERSHIP:					
3.	(Name and Chapter)	(St. and Number)	(City)	(State)	(Country)
DATES OF MEMBERSHIP:					

4. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

5. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

6. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

7. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: _____

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? _____ IF SO, TO WHAT

EXTENT? _____

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME ----- RELATIONSHIP -----

ADDRESS -----
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT ----- DATE -----
(City and State)

(Witness) (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

A-2

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade
 Abraham Lincoln School, Chicago, Illinois
 Action Committee to Free Spain Now
 Alabama People's Educational Association (see Communist Political Association)
 American Association for Reconstruction in Yugoslavia, Inc.
 American Branch of the Federation of Greek Maritime Unions
 American Christian Nationalist Party
 American Committee for European Workers' Relief (see Socialist Workers Party)
 American Committee for Protection of Foreign Born
 American Committee for Spanish Freedom
 American Committee for the Settlement of Jews in Birobidjan, Inc.
 American Committee for Yugoslav Relief, Inc.
 American Committee to Survey Labor Conditions in Europe
 American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity
 American Council on Soviet Relations
 American Croatian Congress
 American Jewish Labor Council
 American League Against War and Fascism
 American League for Peace and Democracy
 American Lithuanian Workers Literary Association (also known as Amerikos Lietuviu Darbininku Literaturos Draugija)
 American National Labor Party
 American National Socialist League
 American National Socialist Party
 American Nationalist Party
 American Patriots, Inc.
 American Peace Crusade
 American Peace Mobilization
 American Poles for Peace
 American Polish Labor Council
 American Polish League
 American Rescue Ship Mission (a project of the United American Spanish Aid Committee)
 American-Russian Fraternal Society
 American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union
 American Russian Institute, Philadelphia
 American Russian Institute of San Francisco
 American Russian Institute of Southern California, Los Angeles
 American Slav Congress
 American Women for Peace
 American Youth Congress
 American Youth for Democracy
 Armenian Progressive League of America
 Associated Klans of America
 Association of Georgia Klans
 Association of German Nationals (Reichsdeutsche Vereinigung)
 Association of Lithuanian Workers (also known as Lietuviu Darbininku Susivienijimas)
 Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
 Baltimore Forum
 Benjamin Davis Freedom Committee
 Black Dragon Society
 Boston School for Marxist Studies, Boston, Massachusetts

Bridges-Robertson-Schmidt Defense Committee
 Bulgarian American People's League of the United States of America
 California Emergency Defense Committee
 California Labor School, Inc., 321 Divisadero Street, San Francisco, California
 Carpatho-Russian People's Society
 Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
 Central Japanese Association (Beikoku Chuo Nipponjin Kai)
 Central Japanese Association of Southern California
 Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
 Cervantes Fraternal Society
 China Welfare Appeal, Inc.
 Chopin Cultural Center
 Citizens Committee for Harry Bridges
 Citizens Committee of the Upper West Side (New York City)
 Citizens Committee to Free Earl Browder
 Citizens Emergency Defense Conference
 Citizens Protective League
 Civil Liberties Sponsoring Committee of Pittsburgh
 Civil Rights Congress and its affiliated organizations, including:
 Civil Rights Congress for Texas
 Veterans Against Discrimination of Civil Rights Congress of New York
 Civil Rights Congress for Texas (see Civil Rights Congress)
 Columbians
 Comite Coordinador Pro Republica Espanola
 Comite Pro Derechos Civiles
 (See Puerto Rican Comite Pro Libertades Civiles)
 Committee for a Democratic Far Eastern Policy
 Committee for Constitutional and Political Freedom
 Committee for Nationalist Action
 Committee for Peace and Brotherhood Festival in Philadelphia
 Committee for the Defense of the Pittsburgh Six
 Committee for the Negro in the Arts
 Committee for the Protection of the Bill of Rights
 Committee for World Youth Friendship and Cultural Exchange
 Committee to Abolish Discrimination in Maryland
 (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)
 Committee to Aid the Fighting South
 Committee to Defend Marie Richardson
 Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners
 Committee to Uphold the Bill of Rights
 Commonwealth College, Mena, Arkansas
 Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
 Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:
 Alabama People's Educational Association
 Florida Press and Educational League
 Oklahoma League for Political Education
 People's Educational and Press Association of Texas
 Virginia League for People's Education

Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Congress of American Revolutionary Writers

Congress of American Women

Congress of the Unemployed

Connecticut Committee to Aid Victims of the Smith Act

Connecticut State Youth Conference

Council for Jobs, Relief and Housing

Council for Pan-American Democracy

Council of Greek Americans

Council on African Affairs

Croatian Benevolent Fraternity

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)

Daily Worker Press Club

Daniels Defense Committee

Dante Alighieri Society (between 1935 and 1940)

Dennis Defense Committee

Detroit Youth Assembly

East Bay Peace Committee

Elsinore Progressive League

Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)

Everybody's Committee to Outlaw War

Families of the Baltimore Smith Act Victims

Families of the Smith Act Victims

Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)

Finnish-American Mutual Aid Society

Florida Press and Educational League (see Communist Political Association)

Frederick Douglass Educational Center

Freedom Stage, Inc.

Friends of the New Germany (Freunde des Neuen Deutschlands)

Friends of the Soviet Union

Garibaldi American Fraternal Society

George Washington Carver School, New York City

German-American Bund (Amerikadeutscher Volksbund)

German-American Republican League

German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)

Guardian Club

Harlem Trade Union Council

Hawaii Civil Liberties Committee

Helmusha Kai, also known as **Nokubel Heleki Gimusha Kai**, **Zaibel Nihonjin**, **Helyaku Gimusha Kai**, and **Zaibel Helmusha Kai** (Japanese Residing in America Military Conscripts Association)

Hellenic-American Brotherhood

Hinode Kai (Imperial Japanese Reservists)

Hinomaru Kai (Rising Sun Flag Society -- a group of Japanese War Veterans)

Hokubel Zaigo Shoke Dan (North American Reserve Officers Association)

Hollywood Writers Mobilization for Defense

Hungarian-American Council for Democracy

Hungarian Brotherhood

Idaho Pension Union

Independent Party (Seattle, Washington)

(See Independent People's Party)

Independent People's Party

(See Independent Party)

Independent Socialist League

Industrial Workers of the World

International Labor Defense

International Workers Order, its subdivisions, subsidiaries and affiliates

Japanese Association of America

Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)

Japanese Overseas Convention, Tokyo, Japan, 1940

Japanese Protective Association (Recruiting Organization)

Jefferson School of Social Science, New York City

Jewish Culture Society

Jewish People's Committee

Jewish People's Fraternal Order

Jikyoku Inkai (The Committee for the Crisis)

Johnson-Forest Group

(See Johnsonites)

Johnsonites

(See Johnson-Forest Group)

Joint Anti-Fascist Refugee Committee

Joint Council of Progressive Italian-Americans, Inc.

Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibel Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)

Knights of the White Camellia

Ku Klux Klan

Kyffhaeuser, also known as **Kyffhaeuser League** (**Kyffhaeuser Bund**), **Kyffhaeuser Fellowship** (**Kyffhaeuser Kameradschaft**)

Kyffhaeuser War Relief (**Kyffhaeuser Kriegshilfswerk**)

Labor Council for Negro Rights

Labor Research Association, Inc.

Labor Youth League

League for Common Sense

League of American Writers

Lictor Society (Italian Black Shirts)

Macedonian-American People's League

Mario Morgantini Circle

Maritime Labor Committee to Defend Al Lannon

Maryland Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Massachusetts Committee for the Bill of Rights

Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)

Maurice Braverman Defense Committee

Michigan Civil Rights Federation

Michigan Council for Peace

Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)

National Association of Mexican Americans (also known as **Asociacion Nacional Mexico-Americana**)

National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)

National Committee for Freedom of the Press

National Committee for the Defense of Political Prisoners

National Committee to Win Amnesty for Smith Act Victims

National Committee to Win the Peace

National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)

National Council of Americans of Croatian Descent

National Council of American-Soviet Friendship

National Federation for Constitutional Liberties

National Labor Conference for Peace

National Negro Congress

National Negro Labor Council

Nationalist Action League

Nationalist Party of Puerto Rico

Nature Friends of America (since 1935)

Negro Labor Victory Committee

New Committee for Publications

Nichibel Kogyo Kaisha (The Great Fujii Theatre)

North American Committee to Aid Spanish Democracy

North American Spanish Aid Committee

North Philadelphia Forum

Northwest Japanese Association

Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Oklahoma League for Political Education (see Communist Political Association)
Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington
Palo Alto Peace Club
Partido del Pueblo of Panama (operating in the Canal Zone)
Peace Information Center
Peace Movement of Ethiopia
People's Drama, Inc.
People's Educational and Press Association of Texas (see Communist Political Association)
People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School
People's Institute of Applied Religion
Peoples Programs (Seattle, Washington)
People's Radio Foundation, Inc.
People's Rights Party
Philadelphia Labor Committee for Negro Rights
Philadelphia School of Social Science and Art
Photo League (New York City)
Pittsburgh Arts Club
Political Prisoners' Welfare Committee
Polonia Society of the IWO
Progressive German-Americans, also known as Progressive German-Americans of Chicago
Proletarian Party of America
Protestant War Veterans of the United States, Inc.
Provisional Committee of Citizens for Peace, Southwest Area
Provisional Committee on Latin American Affairs
Provisional Committee to Abolish Discrimination in the State of Maryland
(See Committee to Abolish Discrimination in Maryland)
Puerto Rican Comite Pro Libertades Civiles (CLC)
(See Comite Pro Derechos Civiles)
Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace
Queensbridge Tenants League

Revolutionary Workers League
Romanian-American Fraternal Society
Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)
Samuel Adams School, Boston, Massachusetts
Santa Barbara Peace Forum
Schappes Defense Committee
Schneiderman-Darcy Defense Committee
School of Jewish Studies, New York City
Seattle Labor School, Seattle, Washington
Serbian-American Fraternal Society
Serbian Vidovdan Council

Shinto Temples (limited to State Shinto abolished in 1945)
Silver Shirt Legion of America
Slavic Council of Southern California
Slovak Workers Society
Slovenian-American National Council
Socialist Workers Party, including American Committee for European Workers' Relief
Socialist Youth League (see Workers Party)
Sokoku Kai (Fatherland Society)
Southern Negro Youth Congress
Sulko Sha (Reserve Officers Association, Los Angeles)
Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
Trade Union Committee for Peace
(See Trade Unionists for Peace)
Trade Unionists for Peace
(See Trade Union Committee for Peace)
Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union
Union of American Croats
Union of New York Veterans
United American Spanish Aid Committee
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish Landsmanschaften and Fraternal Organizations
United Committee of South Slavic Americans
United Defense Council of Southern California
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)
Veterans of the Abraham Lincoln Brigade
Virginia League for People's Education (see Communist Political Association)
Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey
Washington Bookshop Association
Washington Committee for Democratic Action
Washington Committee to Defend the Bill of Rights
Washington Commonwealth Federation
Washington Pension Union
Wisconsin Conference on Social Legislation
Workers Alliance (since April 1936)
Workers Party, including Socialist Youth League

Yiddisher Kultur Farband
Young Communist League
Yugoslav-American Cooperative Home, Inc.
Yugoslav Seamen's Club, Inc.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

[illegible]

B

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)		3. Office
4. Date of Birth	5. Sex: male (1) female (2)	Marital Status Nr. Dependents	6. Employment Date:
7. Citizenship: U.S. Other	8. Acquired By: (1) Birth (2) Marriage (3) Naturalization (4) Other (specify) Year U.S. citizenship acquired, if not by birth		

SEC. I. EDUCATION

1. Extent: (circle one)

- | | | |
|--|---|-------------------|
| 1. Less than high school | 4. Two years college, or less | 8. Masters degree |
| 2. High school graduate | 5. Over two years, no degree | 9. Doctors degree |
| 3. Trade, Business or
Commercial school
graduate | 6. Bachelor degree | |
| | 7. Post-graduate study
(minimum 8 sem. hrs.) | |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

4. Military, Intelligence or Investigative training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

SEC. II. WORK EXPERIENCE

1. State the nature of duties performed with this organization, starting with your present position. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From _____ To _____ Tot. mos. ____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	
Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. ____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	
Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. ____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	
Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. ____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	
Title: _____	Duty Station, if overseas: _____
From _____ To _____ Tot. mos. ____	Description of Duties: _____
Grade _____ Salary _____	
Office _____	
Position _____	
Title: _____	
Duty _____	
Title: _____	Duty Station, if overseas: _____

2. Previous Employment: Describe your previous work experience in sufficient detail to permit full recognition of your qualifications. Include military work experience. List last position first.

From _____ To _____ Tot.mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot.mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot.mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot.mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ _____ _____ Duty Station if overseas: _____
From _____ To _____ Tot.mo's _____ Classification Grade(if in Federal Service) _____ Salary _____ Number and Class of Employees Supervised: _____ Employer _____ Kind of Business or organization (i.e., paper products mfr, public utility) _____	Exact Title of your position _____ Description of Duties: _____ _____ _____ _____ _____ Duty Station if overseas: _____

SEC. II. WORK EXPERIENCE (CONT'D)

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- | | |
|--|--|
| 01 <input type="checkbox"/> U.S. Secret Service | 24 <input type="checkbox"/> Air Force A-2 |
| 02 <input type="checkbox"/> Civil Police | 25 <input type="checkbox"/> Foreign Economic Admin. |
| 03 <input type="checkbox"/> Military Police | 26 <input type="checkbox"/> Counter Intelligence Corps |
| 04 <input type="checkbox"/> U.S. Border Patrol | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U.S. Narcotics Squad | 28 <input type="checkbox"/> Strategic Services Unit |
| 06 <input type="checkbox"/> FBI | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div. | 30 <input type="checkbox"/> Central Intelligence Group |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information | 32 <input type="checkbox"/> Coordinator of Information |
| 23 <input type="checkbox"/> Army G-2 | 33 <input type="checkbox"/> Office of Facts & Figures |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare |
| | 35 <input type="checkbox"/> Federal Communications Comm. |

SEC. III. FOREIGN LANGUAGES

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE

LANGUAGE		COMPETENCE						HOW ACQUIRED				
		Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study	

* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein _____

**Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. _____

SEC. IV. AREA KNOWLEDGE

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Aquired (check (X) one)		
		Residence	Travel	Study

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1.	2.		1. Yes 2. No
Shorthand	1.	2.		1. Yes 2. No
Shorthand System: 1. Manual 2. Machine 3. Speedwriting.				

SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc. _____	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications.

SEC. VII. PROFESSIONAL AND ACADEMIC HONORS

List any professional or academic associations or honorary societies in which you hold membership. _____

SEC. VIII. PUBLICATIONS

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

SEC. IX. INVENTIONS

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented			
	(1)	Yes	(2)	No
	(1)	Yes	(2)	No
	(1)	Yes	(2)	No

SEC. X. TESTS (Within present organization)

Describe below the type of tests which you have taken,

Type of Test	Date Taken

SEC. XI. PHYSICAL HANDICAPS

List any physical handicaps you may have.

SEC. XII. OVERSEAS ASSIGNMENT

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour ____ (2) 4 year Tour ____ (3) Not interested ____.

SEC. XIII. WORK ASSIGNMENT

In view of your total experience and education, for what assignment do you think you are best qualified?

1. Present Draft Status

If yes, indicate your present draft classification _____

Do you now have Reserve or National Guard Status Yes No.

1. National Guard

2. Air National Guard

3. Active Reserve Status (member of organized unit)

4. Inactive Reserve Status

Service _____ Grade _____ Serial Number _____

Reserve Unit with which currently affiliated _____

Service Mobilization Assignment, if any _____

Location of Service Records, if known

List the training courses or subjects you have taken in this organization.

SEC. XVI. REMARKS[illegible]

DATE _____

SIGNATURE _____